

REIMBURSEMENT FORM

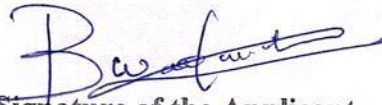
(WORKSHOP/SEMINAR/CONFERENCE/FDP)

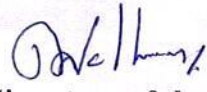
Outward No: 02/2021

Date: 20.5.21

Name in Full (BLOCK LETTERS)	DR. BHABHWATI
Department	Ophthalmology
Designation	Professor
Phone Number	9626249484
Email ID	bhabhwekar@yahoo.com
TNMC Reg. No	143677

Name of the Workshop / Seminar/Conference/FDP	All India ophthalmological conference, Mumbai.		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021		
Place of Event			
Registration Fee	Rs. 5000/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			



Signature of the Applicant


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YES NO


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 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
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DIRECTOR

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 04/2022

Date: 19.5.22

Name in Full (BLOCK LETTERS)	DR. VISHNUPRIYAA
Department	Paediatrics
Designation	
Phone Number	9443436736
Email ID	danyylingvish18@gmail.com
TNMC Reg. No	-

Name of the Workshop / Seminar/Conference/FDP	Vacc Quiz - SRM		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	20.5.22 - 22.5.22 (21.5.22)		
Place of Event			
Registration Fee	RS. 2500		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID	1		

Vishnupriya
Signature of the Applicant

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REIMBURSEMENT FORM


(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 06/2022


Date: 25.4.22


Name in Full (BLOCK LETTERS)	DR. S. YUVARAJAN
Department	Respiratory Medicine
Designation	Professor + Head.
Phone Number	975115447
Email ID	svivagnane@yahoo.com
TNMC Reg. No	84441

Name of the Workshop / Seminar/Conference/FDP	NAPCON 2021, Varanasi		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021-22 (30.4.22)		
Place of Event			
Registration Fee	Rs. 1500		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			


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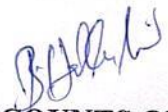

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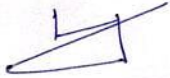
(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 09/2021

Date: 24.2.21

Name in Full (BLOCK LETTERS)	DR. YUVARAJAN. S
Department	Respiratory Medicine
Designation	Professor & head
Phone Number	9751115447
Email ID	msivagnane@yahoo.com
TNMC Reg. No	84441

Name of the Workshop / Seminar/Conference/FDP	Pulmonary Manifestations of Connective Tissue Disease, AIMS, Jodhpur		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021		
Place of Event			
Registration Fee	Rs. 3000/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			



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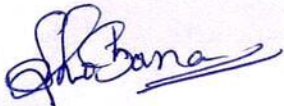
(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 12/2022

Date: 19.5.22

Name in Full (BLOCK LETTERS)	DR-SHOBANA S
Department	Paediatrics
Designation	
Phone Number	9790456869
Email ID	shobana.seikrish 95@gmail.com
TNMC Reg. No	-

Name of the Workshop / Seminar/Conference/FDP	Vacciquiz - SRM		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021 - 22 (21.5.22)		
Place of Event			
Registration Fee	Rs. 2500		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			



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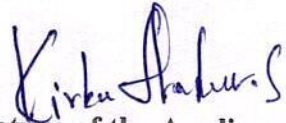
(WORKSHOP/SEMINAR/CONFERENCE/FDP)


Outward No: 16/2022

Date: 24.5.22

Name in Full (BLOCK LETTERS)	DR. KIRUBA SHANKAR
Department	Emergency Medicine
Designation	Senior Resident
Phone Number	9789396664
Email ID	kiruba13194@gmail.com
TNMC Reg. No	121592

Name of the Workshop / Seminar/Conference/FDP	Aster International Emergency Medicine		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021-22 (27.5.22)		
Place of Event			
Registration Fee	Rs. 4000		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			



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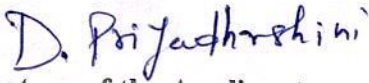
(WORKSHOP/SEMINAR/CONFERENCE/FDP)


Outward No: 22/2022

Date: 05.06.22

Name in Full (BLOCK LETTERS)	Dr. Priyadharshini . D
Department	OBG
Designation	Associate Professor
Phone Number	805655 4729
Email ID	Priyadmbs@gmail.com
TNMC Reg. No	97075

Name of the Workshop / Seminar/Conference/FDP	Laparoscopic simulation Training		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021 - 22.		
Place of Event			
Registration Fee	Rs. 3000/-		
Total Expenditure			
Mode of Payment	cash.		
Date of Transaction & ID			

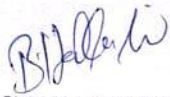

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REIMBURSEMENT FORM


(WORKSHOP/SEMINAR/CONFERENCE/FDP)


Outward No: 43/2022

Date: 15. 2. 22

Name in Full (BLOCK LETTERS)	Dr. Inparasi
Department	OBG
Designation	Assistant Professor
Phone Number	8098177187
Email ID	inparasik@yahoo.com
TNMC Reg. No	114658

Name of the Workshop / Seminar/Conference/FDP	Laposcopic simulation Training		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021-22 (17.2.22)		
Place of Event			
Registration Fee	Rs. 3000/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			



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REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 56/2022

Date: 3.6.22

Name in Full (BLOCK LETTERS)	Dr. K. NAVEENKUMAR
Department	Orthopaedics
Designation	Assistant professor
Phone Number	9486839680
Email ID	dgenmaven@gmail.com
TNMC Reg. No	100797

Name of the Workshop / Seminar/Conference/FDP	Lumbar Disc Disease - CME		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2021 - 22 (5.6.22)		
Place of Event			
Registration Fee	Rs. 1500/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			

K. Naveenkumar
Signature of the Applicant

[Signature]
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[Signature]
DIRECTOR

REIMBURSEMENT FORM


(WORKSHOP/SEMINAR/CONFERENCE/FDP)


Outward No: 58/2020

Date: 26.10.2020

Name in Full (BLOCK LETTERS)	Dr. ARUN S
Department	Psychiatry
Designation	Professor + Head
Phone Number	9787274770
Email ID	skkap@yahoo.co.in
TNMC Reg. No	77901

Name of the Workshop / Seminar/Conference/FDP	TANPSYCON - 2020		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 1500/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			


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REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 61/2020

Date: 6.11.20

Name in Full (BLOCK LETTERS)	Dr. RENUKA DEVI
Department	ophthalmology
Designation	Assistant professor
Phone Number	9894995351
Email ID	drmbku2009@gmail.com
TNMC Reg. No	57527

Name of the Workshop / Seminar/Conference/FDP	Strabismus Workshop		
Nature of Event	Online		Offline <input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 3200/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			


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REIMBURSEMENT FORM


(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 72/2020

Date: 20.6.2020

Name in Full (BLOCK LETTERS)	Dr. PRAGASH. M
Department	Orthopaedics
Designation	Professor
Phone Number	9442044239
Email ID	pragashm76@yahoo.com
TNMC Reg. No	80115

Name of the Workshop / Seminar/Conference/FDP	9th Annual Conference of Pondicherry Orthopaedic Association		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 3500		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			


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DIRECTOR

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 78/2020

Date: 04.11.2020

Name in Full (BLOCK LETTERS)	Dr. NISHANTHI.A.
Department	Pharmacology
Designation	Assistant professor
Phone Number	8870328494
Email ID	drnishanthipharm@gmail.com
TNMC Reg. No	100/55

Name of the Workshop / Seminar/Conference/FDP	CME on Genomic and Applications		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 2000/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			

A. Nishanthi

Signature of the Applicant

Dr. M. Shanthi

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B. J. Jeyaraj
ACCOUNTS OFFICER

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M. Shanthi
DIRECTOR

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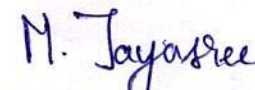
Outward No: 83/2020

Date: 14.10.2020

Name in Full (BLOCK LETTERS)	Dr. NOORUL NASHEEHA . N
Department	OBG
Designation	Assistant Professor
Phone Number	948744 1336
Email ID	noormanaashi@gmail.com
TNMC Reg. No	121641

Name of the Workshop / Seminar/Conference/FDP	E-PICSEP Workshop on Research Methodology		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 3000/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID	1		


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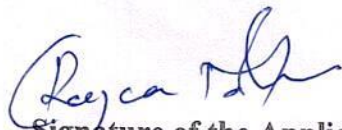
(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 85/2020

Date: 17.7.20

Name in Full (BLOCK LETTERS)	Dr. REENAA MOHAN.
Department	Community Medicine
Designation	Assistant professor
Phone Number	9003985472
Email ID	reenaa.mohan1406@gmail.com
TNMC Reg. No	103033


Name of the Workshop / Seminar/Conference/FDP	Loss to follow up of TB Patients in IAPSMCBN 2020		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 7000/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID	MADRAS STATE DOCUMENT NO 5 107.		


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REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 89/2020

Date: 3.2.21

Name in Full (BLOCK LETTERS)	Dr. RAJALAKSHMI
Department	Community Medicine
Designation	Assistant professor
Phone Number	9043726153
Email ID	dr.rajalakshmi.maha@gmail.com
TNMC Reg. No	95363

Name of the Workshop / Seminar/Conference/FDP	National Conference in nutrition			
Nature of Event	Online		Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2020-21 (5.2.21)			
Place of Event				
Registration Fee	Rs. 3000/-			
Total Expenditure				
Mode of Payment	cash			
Date of Transaction & ID	1			



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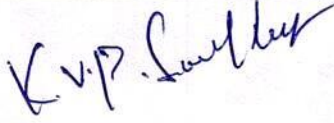
Outward No: 91/2020

Date: 30.9.20

Name in Full (BLOCK LETTERS)	Dr. N.A. PRIYADHARSHIN,
Department	Anatomy
Designation	Associate professor
Phone Number	9940861323
Email ID	adi priya29@gmail.com
TNMC Reg. No	86844


Name of the Workshop / Seminar/Conference/FDP	Adopte Illustrator.		
Nature of Event	Online		Offline <input checked="" type="checkbox"/>
Date/Duration of the Event	2020		
Place of Event			
Registration Fee	Rs. 1500/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			


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 DIRECTOR

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 93/2019

Date: 14.08.2019

Name in Full (BLOCK LETTERS)	Dr. G. KALAISELVAN
Department	community medicine
Designation	Professor
Phone Number	9843155060
Email ID	kalaiselvan md @gmail . com
TNMC Reg. No	71617

Name of the Workshop / Seminar/Conference/FDP	Advanced Research Methods with hands on training in statistical software		
Nature of Event	Online		Offline <input checked="" type="checkbox"/>
Date/Duration of the Event	2019		
Place of Event			
Registration Fee	Rs. 6000/-		
Total Expenditure			
Mode of Payment	cash.		
Date of Transaction & ID			

[Signature]
Signature of the Applicant

[Signature]
Signature of the HOD

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[Signature]
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REIMBURSEMENT FORM


(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 95/2019

Date: 29.12.2019

Name in Full (BLOCK LETTERS)	Dr. REVATHI.G
Department	Pathology
Designation	
Phone Number	8015494653
Email ID	revathi.g.maha@gmail.com
TNMC Reg. No	104255

Name of the Workshop / Seminar/Conference/FDP	Annual Rapid Review Course SPARRC		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2019		
Place of Event			
Registration Fee	Rs. 3000/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			


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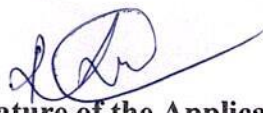
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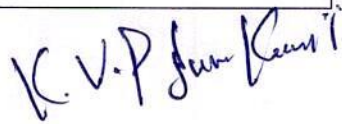
Outward No: 97/2019

Date: 15.11.2019.

Name in Full (BLOCK LETTERS)	Dr. SUDA . P.
Department	Anatomy
Designation	
Phone Number	9585428166
Email ID	sudanatomy@gmail.com
TNMC Reg. No	-


Name of the Workshop / Seminar/Conference/FDP	Guidelines for applying extramural Research Grants a Faculty development Pg.		
Nature of Event	Online		Offline <input checked="" type="checkbox"/>
Date/Duration of the Event	2019		
Place of Event			
Registration Fee	Rs. 3500/-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			



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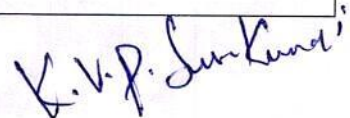
Outward No: 99/2019

Date: 01.12.2017

Name in Full (BLOCK LETTERS)	Dr. SUDA.R.
Department	Anatomy
Designation	
Phone Number	9585428166
Email ID	sudaanatomy@gmail.com
TNMC Reg. No	-

Name of the Workshop / Seminar/Conference/FDP	Skills in scientific writing.		
Nature of Event	Online		Offline <input checked="" type="checkbox"/>
Date/Duration of the Event	2019		
Place of Event			
Registration Fee	Rs. 3500/-		
Total Expenditure			
Mode of Payment	cash.		
Date of Transaction & ID			



 Signature of the Applicant


 Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES NO


 ACCOUNTS OFFICER

TRUE COPY ATTESTED

CLEAN
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADIPET, PUDUCHERRY-605 007.


 DIRECTOR

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 10 8/2020

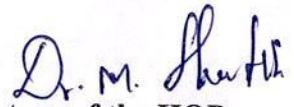
Date: 24.1.2020

Name in Full (BLOCK LETTERS)	Dr. NITYA
Department	Pharmacology
Designation	Assistant Professor
Phone Number	9787679839
Email ID	drnityapharmacology@gmail.com
TNMC Reg. No	84501

Name of the Workshop / Seminar/Conference/FDP	Virtual CME - Good clinical practice in Human Research		
Nature of Event	Online	Offline	<input checked="" type="checkbox"/>
Date/Duration of the Event	2019 - 2020 (23.1.2020)		
Place of Event			
Registration Fee	Rs. 1500/-		
Total Expenditure			
Mode of Payment	Cash		
Date of Transaction & ID			



Signature of the Applicant

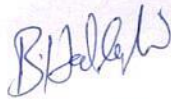


Signature of the HOD

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Amount Received Paid:

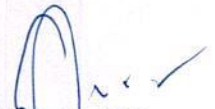
YES NO



ACCOUNTS OFFICER

TRUE COPY ATTESTED

DEAN
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHAL KUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.



DIRECTOR